PRINTED: 04/22/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS351AGC 03/26/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3985 PEARL STREET **REGENCY PALMS ASSISTED LIVING** LAS VEGAS, NV 89121 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 3/26/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of C. The facility is licensed for 64 Residential Facility for Group beds for elderly and disabled persons. 54 Category I and 10 Category II residents. The census at the time of the survey was 45. Fifteen resident files were reviewed and 10 employee files were reviewed with an additional 17 employee files reviewed for tuberculosis testing. One discharged resident file was reviewed. Complaint #NV00021362 was substantiated. See Tag Y103. The following deficiencies were identified:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

449.200(1)(d) Personnel File - NAC 441A

 Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.

Y 103

NAC 449.200

SS=F

Y 103

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 3/26/09, the facility failed to ensure that 15 of 27 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #2, #3, #4, #6, #8, #9, #10, #13, #14, #18, #19, #20, #21, #23 and #25) for the protection of all residents. This was a repeat deficiency from the 4/24/08 State Licensure survey. Severity: 2 Scope: 3			Y 103			
Y 105 SS=D			Y 105				
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR		Y 106				

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of Health Protection Services of the Division.

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Severity: 2 Scope: 3

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

This Regulation is not met as evidenced by: Based on record review on 3/26/09, the facility failed to ensure that 6 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #3, #4, #6, #7, #8 and #9) which

This was a repeat deficiency from the 4/24/08

affected all residents.

State Licensure survey.

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of 3 caregivers hired in the last 12 months

This is a repeat deficiency from the 12/9/08 State

(Employee #2, #5 and #7).

Severity: 2 Scope: 3

Licensure survey.